

## UPPER TRIBUNAL ADMINISTRATIVE APPEALS CHAMBER

Office stamp (date received)	

## APPLICATION FOR PERMISSION TO APPEAL and NOTICE OF APPEAL From First-tier Tribunal CARE STANDARDS & PRIMARY HEALTH LISTS

You **must** apply to the First-tier Tribunal for permission to appeal before you fill in this form. **Use this form** *either* (1) **to apply to the Upper Tribunal for permission** to appeal if the First-tier Tribunal refused you permission to appeal or your application was not admitted because you were late

or (2) to appeal to the Upper Tribunal if the First-tier Tribunal has granted you permission to appeal.

Please L

Use black ink and complete the form in **CAPITALS** or in typewriting.

Use another sheet of paper if there is not enough space for you to say everything.

(Please put your name at the top of any additional sheets.)

About the Type of Appeal			
Please specify, by tic	Please specify, by ticking the appropriate box, which area your appeal relates to:		
Care Standards			
Primary Health Lists	is English to the second of th		
B About the Ap	ppellant		
Title	Mr Mrs Miss Other		
Surname, or name of organisation			
Other names			
Address			
Postcode			
Talankan mumban			
Telephone number			
Email address			

UT5 Care Standards and Primary Health Lists Form (updated 19/10/11)

Do you have a solicite	or or other representative?	No Yes [	
If yes please give you	ur representative's details below		
Name of representative			
Status (solicitor, ager	nt, friend etc.)		
Organisation (if any)			
Address			
Postcode			
Talankana numban			
Telephone number			
Email address			
Reference number (if any)			
C About the Res	spondent		
Please give details of other party in the Firs	f the respondent below (this will be st-tier Tribunal)	the person or organisatio	n who was the
Name of respondent organisation or autho	ority		
Address			
_			
Postcode			
Telephone			
Email address			

Door the recognidant have a representative		
No (Complete section D)		
<u> </u>		
Yes Name of representative		
Organisation (if any)		
Address of representative		
Postcode		
Daytime telephone number		
Reference number		
(if any)		
About the First-tier Tribunal which ded	ded your case	
	ded your case	
About the First-tier Tribunal which dec	ded your case	
	ded your case	
Where was the Tribunal hearing?	ded your case	
Where was the Tribunal hearing? What was the date of the Tribunal's decision?	ded your case	
Where was the Tribunal hearing?  What was the date of the Tribunal's decision?  What was the Tribunal's reference number?	ded your case  No Yes	
Where was the Tribunal hearing?  What was the date of the Tribunal's decision?  What was the Tribunal's reference number? (This will be on all correspondence.)  Did the First-tier Tribunal suspend its decision?	No Yes	
Where was the Tribunal hearing?  What was the date of the Tribunal's decision?  What was the Tribunal's reference number?  (This will be on all correspondence.)		
Where was the Tribunal hearing?  What was the date of the Tribunal's decision?  What was the Tribunal's reference number? (This will be on all correspondence.)  Did the First-tier Tribunal suspend its decision?  Do you wish to apply to the Upper Tribunal for	No Yes No Yes	
Where was the Tribunal hearing?  What was the date of the Tribunal's decision?  What was the Tribunal's reference number? (This will be on all correspondence.)  Did the First-tier Tribunal suspend its decision?  Do you wish to apply to the Upper Tribunal for suspension?	No Yes No Yes	
Where was the Tribunal hearing?  What was the date of the Tribunal's decision?  What was the Tribunal's reference number? (This will be on all correspondence.)  Did the First-tier Tribunal suspend its decision?  Do you wish to apply to the Upper Tribunal for suspension?	No Yes No Yes	
Where was the Tribunal hearing?  What was the date of the Tribunal's decision?  What was the Tribunal's reference number? (This will be on all correspondence.)  Did the First-tier Tribunal suspend its decision?  Do you wish to apply to the Upper Tribunal for suspension?	No Yes No Yes	
Where was the Tribunal hearing?  What was the date of the Tribunal's decision?  What was the Tribunal's reference number? (This will be on all correspondence.)  Did the First-tier Tribunal suspend its decision?  Do you wish to apply to the Upper Tribunal for suspension?	No Yes No Yes	

Reasons for any delay
Note: You must apply to the First-tier Tribunal for permission to appeal before you fill in this form
Did the First-tier Tribunal refuse to admit your application because No Yes you were late?
Has more than one month passed since the First-tier Tribunal sent No Yes you notice of the grant or refusal of permission to appeal or notice that your application has not been admitted?
If the answer to either of the above questions (or both) is "yes", please apply for an extension of time by giving your reasons for the delay here
If you want to say more, please use another sheet of paper

		_
F	Reasons for appealing	_
Please state v seeking.	what <b>error of law</b> you consider the Tribunal has made and what result you are	
appealing, ple	er Tribunal granted you permission to appeal on limited grounds and you are now ease state whether you also wish to apply for permission on additional grounds and the H as appropriate).	
	If you want to say more, please use another sheet of paper	

UT5 Care Standards and Primary Health Lists Form (updated 19/10/11)

(	Request for an o	oral hearing of	an Application
	N.B. This section is cappeal.	concerned only v	with initial oral hearings of applications for permission to
	If you are given permission to appeal, you will be given the opportunity to ask for an oral hearing of the appeal at a later stage when you have seen all the written submissions in the case. If you are refused permission without an oral hearing you will be given the opportunity to make another application for permission with an oral hearing.		
	Has the First-tier Tribunal given you permission to appeal?		
	Yes		Your case is an appeal. Go straight to Part H on the next page
	No		You are applying to the Upper Tribunal for <b>permission to</b> appeal.
	Do you or your represe stage?	entative wish to h	ave an oral hearing before the Upper Tribunal at this
	No		
	Yes		Please give your reasons why here
	Would you like the hea	ring to be in priva	ate?
	No		
	Yes		Please give your reasons why here

Н	Application for permission to Appeal or Appeal to the Upper Tribunal	
I apply for pe	rmission to appeal against the decision of the First-tier Tribunal	
or / and		
I appeal agai (Delete as ap	nst the decision of the First-tier Tribunal. olicable)	
I authorise my representative named in Part A above to act on my behalf in all proceedings before the Upper Tribunal.*  (* Delete if you have no representative or you are a solicitor filling in this form on behalf of a client)		
	Applicant's/Appellant's signature or signature of solicitor	
	Date	

## After you have filled in the form please send it to:

If the First-tier Tribunal hearing was in **England:**The Upper Tribunal
Administrative Appeals Chamber
5<sup>th</sup> Floor Rolls Building, 7 Rolls Buildings,
Fetter Lane, London,
EC4A 1NL.

Tel: 020 7071 5662

If the First-tier Tribunal hearing was in **Wales**, or you live in **Wales**, you may send the form to the London address or to:

Administrative Appeals Chamber of the Upper Tribunal,

Cardiff Civil Justice,

2 Park Street,

Cardiff,

CF10 1ET.

Tel: 02920 376460.

You MUST enclose the following documents with this form -

- a copy of the decision notice issued by the First-tier Tribunal, and,
- if separate, the written reasons for the Tribunal's decision,
- the letter from the First-tier Tribunal telling you that you have been granted or refused permission to appeal or that your application has not been admitted

If you do not send these documents your appeal may be delayed or not be admitted

The Office will let you know when they have received this form. Contact the office if you are not told within a week that the form has been received.